U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Faiture to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT,

1. File Number U- 25532	2. Fiscal Year Covered From:
	01 / 01 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Daniel E Johnson, III	Name United Transportation Union Labor Organization File Number 000-314
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 14600 Detroit Avenue	Street 14600 Detroit Avenue
^{City} Cleveland	^{City} Cleveland
State Ohio ZIP Code + 4 44107	State Ohio ZIP Code + 4 44107
5. Position in labor organization. General Secretary and 1	reasurer

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loa monetary value from an employer whose employees you	ans) with, or derived income or other economic benefit of or organization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg , Room No., if any	
Street	7.b. Amount
Sirect	
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information.	ion
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best	of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
$C \cdot C \cdot$	

May 9, 2006 Date

Form LM-30 (2003)

216-228-9400

Telephone Number

File Number U- 000-314

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 9. Business deals with: 8. Name and address of Business (including trade name, if any). Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing.

ZIP Code + 4

12.a. Nature of interest he d or income received.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Dinner with attorney during union Coffey Kaye Myers & Olley Name participation in ARLA meeting. Trade Name, if any: P.O. Box, Bldg , Room No., if any Two Bala Plaza Ste 718 Street Bala Cynwyd. 📑 City ZIP Code + 4 19004 State Pennsylvania 14.b. Amount of payment. \$ 150.00 13.b. Is the Business an Employer X ? or Consultant

12.b. Amount.

City

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 9. Business deals with: 8. Name and address of Business (including trade name, if any). Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 12.b. Amount.

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name Coffey Kaye Myers & Olley	Dinner with attorney during union participation in ARLA meeting.
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street Two Bala Plaza Ste 718	
_{City} Bala Cynwyd	
State Pennsylvania ZIP Code + 4 19004	
13.b. Is the Business an Employer X or Consultant?	14.b. Amount of payment. \$130.00